
Postgraduate Opportunities

National Center for
Chronic Disease Prevention
and Health Promotion

2002



DEPARTMENT OF HEALTH
AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

National Center for Chronic Disease Prevention and Health Promotion

Vision

All people in an increasingly diverse society
leading long, healthy, satisfying lives.

Mission

- To prevent death and disability from chronic diseases.
- To promote maternal, infant, and adolescent health.
- To promote healthy personal behaviors.
- To accomplish these goals in partnership with health and education agencies, major voluntary associations, the private sector, and other federal agencies.



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About NCCDPHP

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) was formed in 1988 by the Secretary of the U.S. Department of Health and Human Services to acknowledge the critical role that chronic disease prevention and health promotion now play in CDC's overall mission. NCCDPHP strives to promote health and quality of life by preventing death and disability from chronic diseases; addressing key issues related to maternal, child, and adolescent health; and promoting healthy personal behaviors.

The profile of diseases contributing most heavily to death, illness, and disability among Americans changed dramatically during the last century. Today, chronic diseases—such as cardiovascular disease (primarily heart disease and stroke), cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every 10 Americans who die each year, or more than 1.7 million people, die of a chronic disease.

The prolonged course of illness and disability from such chronic diseases as diabetes and arthritis results in extended pain and suffering and decreased quality of life for millions of Americans. Chronic, disabling conditions cause major limitations in activity for more than one of every 10 Americans, or 25 million people. The medical care costs of people with chronic diseases account for more than 75% of the nation's annual \$1 trillion medical care costs.

To help achieve its mission of promoting health and quality of life, CDC provides postgraduate training and

service programs for health scientists of diverse educational backgrounds. Many of these programs offer assignments in NCCDPHP, with the opportunity to work in several chronic disease fields—from a range of community health topics (e.g., diabetes, oral health, nutrition) to maternal and child health to cancer prevention and control.

Activities include conducting public health surveillance, epidemiologic studies and behavioral interventions; disseminating guidelines and recommendations; and helping state and local health and education agencies increase their ability to prevent chronic diseases and promote healthy behaviors.

Several postgraduate programs are coordinated through CDC's Epidemiology Program Office, including the Epidemic Intelligence Service, the Preventive Medicine Residency, the Public Health Prevention Service, the Prevention Effectiveness Fellowship, and the Public Health Informatics Fellowship. The Presidential Management Internship is administered by CDC's personnel office, and other postgraduate programs are available through CDC's Public Health Practice Program Office as part of cooperative agreements with the Association of Schools of Public Health and the Association of Teachers of Preventive Medicine.

This publication provides general information on how to apply to these positions, as well as descriptions of NCCDPHP's many program areas.

Additional information about NCCDPHP is also available at <http://www.cdc.gov/nccdphp>.

What Assignments Are Available at NCCDPHP?

Postgraduate positions offered by NCCDPHP vary from year to year, but assignments generally are available in the following divisions and branches. Although trainees are “matched” to specific programs, ample opportunities exist to collaborate with other divisions and branches.

Division of Adolescent and School Health (DASH)

DASH’s mission is to reduce the burden of priority risk behaviors that lead to excess morbidity, premature death, and social dysfunction among children, adolescents, and young adults in or out of school. Risk behaviors (e.g., violence, sexual activity, lack of physical activity, tobacco use, alcohol use, and illicit drug use) are often inter-related, initiated during adolescence, and can lead to serious injuries.

DASH provides financial and technical assistance to approximately 50 national organizations and 74 state and local departments of education and health that offer school- and community-based educational programs to reduce the prevalence and incidence of priority risk behaviors. DASH is a

World Health Organization (WHO) collaborating center for school health education and provides technical assistance to international, regional, and national programs.

Trainees are typically assigned to the Surveillance and Evaluation Research Branch but can participate in or develop projects throughout the division according to individual interests.

More information about DASH is available at <http://www.cdc.gov/nccdphp/dash>.



DASH supports school-based educational programs to reduce risk behaviors among adolescents.

Surveillance and Evaluation Research Branch

This branch administers the Youth Risk Behavior Surveillance System (YRBSS), which monitors the prevalence of a range of priority risk behaviors among adolescents. Technical assistance is provided to state and local education and health agencies that want to conduct surveys among selected populations.

The branch also monitors school health policies and programs at state, district, school, and classroom levels through periodic School Health Policy and Program Studies (SHPPS) and conducts comprehensive evaluations of school health programs aimed at preventing HIV infection, other sexually transmitted diseases, and chronic diseases related to tobacco use, physical inactivity, poor nutrition, and obesity.

Trainees have the opportunity to synthesize prevention research to help

develop and implement national school health guidelines; study the cost effectiveness of school health programs; consult with federal, state, local, and private education and health agencies to define program needs and monitor progress; and investigate acute public health problems in school settings. They can also participate in all phases of project planning, interventions, study design, data analysis, and publication of research outcomes.

Division of Adult and Community Health (DACH)

DACH serves as a leader in addressing major causes of death and disability among adults, including alcohol abuse, arthritis, and cardiovascular disease. The division provides a multifaceted approach to the prevention of chronic disease through epidemiologic research, behavioral risk factor surveillance, and health promotion.

DACH supports the development of environmental and policy approaches to health promotion and disease prevention that decrease racial and ethnic disparities in health. Training positions are tailored to the needs and interests of the trainees, who are given the opportunity to fully participate in all phases of work, including project planning, assessment, surveillance, internal and external partnerships, data analysis, publications, and presentations.

Trainees are typically assigned to the Behavioral Surveillance Branch, the Cardiovascular Health Branch, the Emerging Investigations and Analytic Methods Branch, or the Health Care and Aging Studies Branch. They can also work throughout the division,

which includes the Prevention Research Centers program and the Racial and Ethnic Approaches to Community Health project.

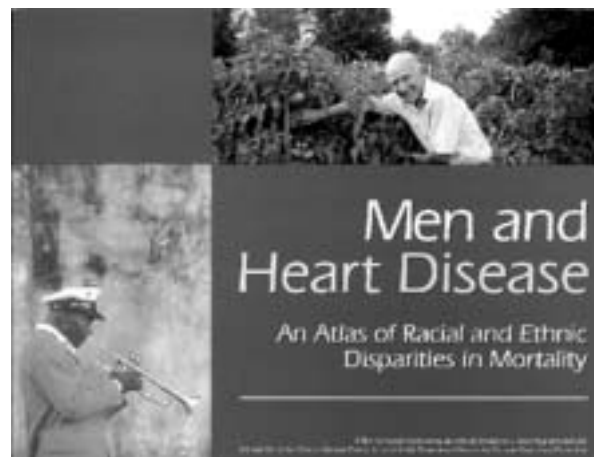
More information about DACH is available at <http://www.cdc.gov/nccdphp/dach>.

Behavioral Surveillance Branch

This branch's mission is to reduce the burden of priority risk behaviors that lead to excess morbidity, premature death, and disability among U.S. adults. As part of this effort, the branch coordinates the Behavioral Risk Factor Surveillance System (BRFSS), a state-based telephone survey of U.S. adults conducted in all states and several territories. Trainees learn to plan and conduct investigations, analyze data, publish study results, and help states, other CDC centers, and other organizations collect and analyze BRFSS data.

Cardiovascular Health Branch

The mission of this branch is to provide public health leadership to improve cardiovascular health and reduce the



DACH publishes important information on many topics, including national cardiovascular disease rates.

burden and disparities associated with heart disease and stroke. The branch conducts surveillance and research on health behaviors, risk factors, and outcomes related to cardiovascular disease (CVD). It also describes geographic and racial/ethnic trends in CVD; evaluates innovative, state-level pilot projects for stroke surveillance; monitors the use of primary and secondary prevention; and assesses emerging risk factors. Trainees will design studies and analyze and publish data from national epidemiologic data sets and from unique data sets obtained from ongoing collaborations with universities and managed care organizations.

Emerging Investigations and Analytic Methods Branch

This branch conducts epidemiologic investigations of crosscutting, emerging scientific topics in chronic disease prevention. A new focus for the branch is the Alcohol Initiative. Epidemiologists working in this program are studying binge drinking episodes among adults, binge drinking and unintended pregnancy, and deaths from acute alcohol poisoning. They also have developed a BRFSS module on binge drinking and are working on an Internet application to help state health departments estimate alcohol-related health effects.

Trainees will learn epidemiologic principles related

to chronic diseases, gain experience working with large data sets (e.g., BRFSS, YRBSS), and gain expertise on public health aspects of alcohol and related topics (e.g., injury prevention, women's health, reproductive health, cancer).

Health Care and Aging Studies Branch

Activities within this branch offer trainees the opportunity to describe and study the antecedents of diseases, disabilities, and impaired quality of life affecting older Americans, as well as to help identify primary, secondary, and tertiary interventions for selected chronic conditions. The branch also offers crosscutting activities related to health services research, health policy, epidemiology, and health education. Trainees are part of a multidisciplinary team that monitors and evaluates the



DACH's Health Care and Aging Studies Branch seeks to improve the quality of life of older Americans.

rapid evolution of our health care system and helps identify effective ways to promote preventive services.

Division of Cancer Prevention and Control (DCPC)

DCPC is a catalyst for national prevention and control efforts for breast, cervical, colorectal, prostate, and skin cancers, often partnering with state health departments and other cancer organizations. The division also works to provide a link between basic science and intervention through surveillance and applied research. Trainees can participate in all phases of planning projects, conducting interventions, designing studies, analyzing data, and publishing research outcomes. They typically work in the Cancer Surveillance Branch or the Epidemiology and Health Services Research Branch, but can participate in or develop projects throughout the division according to individual interests.

More information about DCPC is available at <http://www.cdc.gov/cancer>.

Cancer Surveillance Branch

This branch administers the National Program of Cancer Registries, currently operating in 45 states, 3 U.S. territories, and Washington, D.C. CDC provides funding and technical assistance for state cancer registries that gather data on 96% of the U.S. population. Trainees in this branch are active in research, collecting cancer incidence, mortality, and trend data (including among minority and underserved populations); addressing topics related to quality of care; and evaluating data quality in cancer registries.

Epidemiology and Health Services Research Branch

This branch provides clinical and scientific guidance related to cancer prevention and control to other DCPC branches, state health departments, other national cancer organizations, and international cancer groups. Research activities are designed to 1) monitor trends in the use of preventive services and behaviors that affect the risk for cancer incidence or mortality; 2) study the use and effectiveness of health care resources allocated to the primary and secondary prevention of cancer; 3) assess the quality and appropriateness of screening, follow-up, and treatment for cancer discovered through early detection; and 4) evaluate the effectiveness of programs sponsored by the division, including the National Breast and Cervical Cancer Early Detection Program.

Division of Diabetes Translation (DDT)

Diabetes is recognized as a major burden to the nation's health, contributing to disability, excess morbidity, and premature death throughout the population. DDT's mission is to reduce this burden by tracking the disease and translating research findings into clinical practice.

More information about DDT is available at <http://www.cdc.gov/diabetes>.

Epidemiology and Statistics Branch

In support of DDT's mission, the Epidemiology and Statistics Branch conducts surveillance and analytic epidemiologic studies of diabetes, its risk factors, and its complications. Related topics include

obesity, sedentary lifestyle, hypertension, dyslipidemia, smoking, cardiovascular disease, complications of pregnancy, visual impairment, renal disease, and lower-extremity amputation. The complications of diabetes are costly, and an important aspect of the branch's work is to evaluate the cost-effectiveness of strategies proven to reduce them.

Trainees assigned to DDT will analyze data from various sources and help develop or implement new research protocols. Other possible opportunities include evaluating community interventions, the National Diabetes Education Program, or health systems changes associated with the Diabetes Collaborative.

Division of Nutrition and Physical Activity (DNPA)

DNPA provides leadership in promoting healthy dietary practices and physical activity through epidemiologic and behavioral research, health communications, surveillance, training, international assistance, and policy development.

More information about DNPA is available at <http://www.cdc.gov/nccdphp/dnpa>.

Chronic Disease Nutrition Branch

This branch conducts a range of surveillance and epidemiologic studies related to weight control practices, micronutrients, obesity, and nutritional risk factors for chronic diseases such as cancer, heart disease, osteoporosis, and hemochromatosis. Recent studies and analyses include examinations of U.S. weight control practices, patterns of physical

activity, micronutrient status and patterns of growth among refugee populations, patterns of nutrient supplement use and fortified food consumption, and childhood precursors of chronic disease.

Maternal and Child Health Branch

This branch conducts surveillance and epidemiologic studies on topics such as infant feeding, child growth, pediatric obesity, food insecurity, micronutrient malnutrition, and risk factors for adverse birth

outcomes (e.g., pregnancy weight gain, maternal nutrition, tobacco and alcohol use). Major activities include addressing the epidemic of pediatric obesity, promoting and supporting breast-feeding, combating iron-deficiency anemia, conducting assessments and surveillance of micronutrient status in developing countries, and evaluating the effectiveness of maternal and child health programs. The branch also operates two large national surveillance systems that collect data on low-income children and pregnant/postpartum women and collaborates on policy development with other federal and international agencies.



By monitoring pregnancy nutrition, DNPA can help women avoid adverse birth outcomes.

Division of Oral Health (DOH)

DOH's mission is to improve health and quality of life for individuals and communities by preventing and controlling oral diseases, conditions, and injuries through national and international leadership, policy development, and advocacy. Focus areas include preventing dental caries through the use of fluorides and dental sealants, preventing and controlling oral and pharyngeal cancer, and guiding infection control in dentistry.

DOH also is actively involved in 1) expanding surveillance of oral diseases by designing and implementing innovative techniques and protocols, 2) identifying and reaching children at high risk for dental disease, 3) training professionals in prevention and surveillance, and 4) supporting a national oral health research network. To conduct these activities, DOH is staffed with a multidisciplinary team of dentists, dental hygienists, epidemiologists, health care economists, nurses, health educators, engineers, and statisticians.

More information about DOH is available at <http://www.cdc.gov/nccdphp/oh>.



DOH strives to reduce dental disease among children and adults through surveillance and intervention programs.

Surveillance, Investigation, and Research Branch

Trainees will learn and apply research skills to help develop and evaluate new surveillance methods for oral disease and to conduct original analyses of data from national and state surveys and surveillance systems. They can also help design and conduct oral health surveys, build the science base for prevention programs, and conduct collaborative projects with other divisions, centers, agencies, and academic institutions.

A variety of research opportunities are available and can be tailored to the trainee's interests. Possible projects include analyzing oral health data from the Fourth National Health and Nutrition Examination Survey, analyzing dental care data from the National Health Interview Survey and the Pregnancy Risk Assessment Monitoring System, and helping states develop and implement statewide surveillance systems for oral diseases.

Division of Reproductive Health (DRH)

DRH strives to promote optimal reproductive and infant health and quality of life by influencing public policy, health care practice, community practices, and individual behaviors through scientific and programmatic expertise, leadership, and support. The division is involved in a variety of activities, including conducting research; supporting national and state surveillance systems to monitor trends and investigate health problems; supporting programmatic development in states and other jurisdictions; providing technical assistance, consultation, and

training worldwide; and translating research findings into effective practice and policies.

More information about DRH is available at <http://www.cdc.gov/nccdphp/drh>.

Office on Smoking and Health (OSH)

OSH provides national leadership for a comprehensive, broad-based approach to reducing tobacco use. The office leads and coordinates strategic efforts aimed at preventing tobacco use among youth, promoting smoking cessation, protecting nonsmokers from environmental tobacco smoke, and identifying and eliminating disparities in tobacco use and tobacco-related morbidity and mortality. OSH accomplishes these goals by expanding the science base of tobacco prevention and control, building capacity to conduct tobacco control programs within states and organizations, communicating information to constituents and the public, and

facilitating concerted action with and among domestic and global partners.

More information about OSH is available at <http://www.cdc.gov/tobacco>.

Epidemiology Branch

The mission of this branch is to expand the science base of tobacco prevention and control through surveillance and other research on tobacco use nationally and internationally and through technical assistance to WHO, other federal agencies, state health departments, nongovernmental organizations, researchers, and foreign ministries of health.

Trainees have the opportunity to develop in-depth expertise in one or more areas of tobacco prevention and control and to help develop policies on smoking and health by preparing reports of high visibility to Congress and the President. They also can develop expertise in the design, conduct, and analysis of epidemiologic studies on U.S. tobacco use.

Postgraduate Programs Available at NCCDPHP

Association of Schools of Public Health and Association of Teachers of Preventive Medicine Fellowships

The 1-year Association of Schools of Public Health (ASPH) and Association of Teachers of Preventive Medicine (ATPM) Fellowships (with the possibility of 1-year renewals) provide public health graduate and postdoctoral students, preventive medicine residents and postresidents, and early career professionals the opportunity to gain public health and prevention policy and practice experience.

Positions at CDC are conducted through cooperative agreements with ASPH and ATPM, both of which are affiliated with schools of medicine, accredited schools of public health, graduate programs in public health and preventive medicine, and other health profession academic institutions.

Fellows receive multidisciplinary training at the national level in their specialty area, learn about the nation's public health system, become well-versed in policy concerns affecting the public health infrastructure, and contribute to CDC's mission as a public health agency.

Additional information is available at http://www.phppo.cdc.gov/academic_programs.asp. For more information,

write to Extramural Services Activity, Public Health Practice Program Office, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., Mail Stop K-38, Atlanta, Georgia 30333; or call (770) 488-2687 or (770) 488-2539.

Epidemic Intelligence Service

The Epidemic Intelligence Service (EIS) is a 2-year, postgraduate program of service and on-the-job training. Working under the supervision



The deployment of 34 officers to New York City following the September 11, 2001, attack on the World Trade Center was the largest single deployment of EIS Officers to one location in the program's 51-year history.

of health scientists at CDC or in state and local health departments, EIS Officers develop skills in applied epidemiology to address vital public health concerns. Training includes courses in epidemiology and statistics, surveillance and scientific communication, and prevention effectiveness. EIS Officers assigned to NCCDPHP have the oppor-

tunity to participate in emergency investigations of disease outbreaks in the United States and throughout the world, as well as to design and participate in field investigations of chronic disease problems.

In recent field investigations, EIS Officers have

- Conducted syndromic surveillance of persons visiting hospital emergency departments in New York City and Washington, D.C., after the September 11, 2001, terrorist attacks.
- Developed interventions to promote adherence to 60 days of preventive antibiotics among U.S. postal workers potentially exposed to anthrax. Also evaluated the interventions at the end of the prophylactic period.
- Established an active surveillance system of hospital intensive care units and a passive surveillance system of cutaneous anthrax exposure in Washington, D.C.
- Participated in a randomized intervention trial designed to identify new ways to reduce postnatal mother-to-child transmission of HIV infection in Malawi and Zambia.
- Helped plan and implement population-based reproductive health surveys in developing countries, including Ecuador, El Salvador, Honduras, Mozambique, and Belize.
- Worked to identify causes (genetic, environmental, and medical) of changes in tooth enamel color and form among a cohort of children in a small Missouri town.
- Investigated the etiology of anemia in young children in Hooper Bay, Alaska.
- Investigated a cluster of peripartum cardiomyopathy cases in El Dorado, Arkansas.
- Investigated an outbreak of *Vibrio parahaemolyticus* in Austin, Texas.
- Conducted a nutritional assessment of adolescent Bhutanese refugees living in southeastern Nepal.

Information gathered from field investigations can be used for analytic studies, often resulting in articles in the *Morbidity and Mortality Weekly Report* (MMWR) and numerous peer-reviewed journals, including the *American Journal of Epidemiology*, *American Journal of Public Health*, *JAMA*, and *Pediatrics*.

Topics of recent articles include

- Bartlett LA, Jamieson DJ, Khan T, Sultana M, Wilson HG, Duerr A. Maternal mortality among Afghan refugees in Pakistan, 1999–2000. *Lancet* 2002;359:643–9.
- CDC. Pregnancy-related deaths among Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native women—United States, 1991–1997. *MMWR* 2001; 50(18):361–4.
- CDC. Prevalence of arthritis—United States, 1997. *MMWR* 2001; 50(17):334–6.
- CDC. *Women and smoking: a report of the Surgeon General*. 2001. Atlanta, GA: US Department of Health and Human Services, CDC; 2001.
- Ayala C, Greenlund KJ, Croft JB, et al. Racial/ethnic disparities in mortality by stroke subtype in the United States, 1995–1998. *Am J Epidemiol* 2001;154:1057–63.
- Brener ND, Dittus PJ, Hayes G. Family and community involvement in schools: results from the School

Health Policies and Programs Study 2000. *J Sch Health* 2001;71:340–4.

- Steele CB, Miller DS, Maylahn C, Uhler RJ, Baker CT. Knowledge, attitudes, and screening practices among older men regarding prostate cancer. *Am J Public Health* 2000;90:1595–600.

Adding to the scientific literature on a particular topic and influencing public health policy through publication of original research is an important part of the EIS experience.

Studies conducted by EIS Officers, both from field investigations and from existing data sets, can be used to describe and monitor the health status of populations, develop sound health policies, and identify and evaluate intervention programs to promote health and quality of life. EIS Officers assigned to NCCDPHP are highly competitive candidates for permanent positions at CDC, other federal agencies, academic schools of public health, and state or local health departments.

Eligibility and application information are available at <http://www.cdc.gov/epo/dapht/eis>. For more information, write to EIS Program, Epidemiology Program Office, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., Mail Stop D-18, Atlanta, Georgia 30333; call (toll free) 888-496-8347; or E-mail eisepo@cdc.gov.

Preventive Medicine Residency

During their first year of the EIS program, officers who are physicians or veterinarians are eligible to apply to the Preventive Medicine Residency (PMR) program. This 2-year program is designed to prepare partici-

pants for careers in preventive medicine and public health, with emphasis on epidemiology and community disease control. The second year of the EIS program can serve as the first year of the PMR program.

The PMR program is accredited by the Accreditation Council for Graduate Medical Education and meets the practicum year training requirements for certification by the American Board of Preventive Medicine. Participants receive training in epidemiology, statistics, behavioral and social sciences, leadership, administration, management, public health policy, and program development. Activities include didactic and supervised practical experience and are designed to contribute to the professional development of physicians planning to enter careers in public health.

Eligibility and application information are available at <http://www.cdc.gov/epo/dapht/pmr.htm>. For more information, write to PMR Program, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., Mail Stop D-18, Atlanta, Georgia 30333; or call (404) 639-3187.

Presidential Management Internship

The Presidential Management Internship (PMI) is a 2-year management and training program for outstanding students who have or will receive a graduate degree during the current academic year. The U.S. Office of Personnel Management selects PMI finalists and then refers them to federal agencies for noncompetitive appointment. PMI trainees can be assigned to a

variety of CDC program areas (e.g., reproductive health, bioterrorism, adolescent and school health, smoking and health), as well as to positions in communications; financial and human resources management; and program, policy, and evaluation.

The PMI program places a strong emphasis on career development through on-the-job training and rotational assignments, as well as attendance at seminars, briefings, and conferences. After successfully completing the program, interns may be eligible for conversion to a permanent federal position or other promotional opportunities.

Eligibility and application information are available at <http://www.cdc.gov/hrmo/pmiweb.htm> or <http://www.pmi.opm.gov>. For more information, write to CDC PMI Program Coordinator, Centers for Disease Control and Prevention, Human Resources Management Office, 4770 Buford Highway, N.E., Mail Stop K-04, Atlanta, Georgia 30341-3724; or call 770-488-1942.

Public Health Informatics Fellowship

The Public Health Informatics (PHI) Fellowship is a 2-year program that trains professionals interested in the evolving field of public health informatics. Modern public health practice requires increasingly sophisticated electronic systems with functions such as automated reporting of notifiable conditions, rapid dissemination of data from public health surveillance and outbreak investigations, and quick access to

prevention and practice guidelines. The need to develop networked systems to facilitate communication and interaction among public health personnel at all levels and to exchange data between the domains of clinical practice and public health is particularly strong.



PHI fellows provide valuable informatics skills to CDC data collection projects.

Fellows are trained in both informatics and public health to help them guide development, evaluation, and implementation of new public health surveillance and information systems, as well as adaptation and support of existing ones. They are assigned to project teams involved in the research and development of informatics systems and concepts crucial to the support of CDC's mission of preventing disease and injury.

Eligibility and application information are available at <http://www.cdc.gov/epo/dphsi/informat.htm>. For more information, write to PHI Training Program, Division of Public Health Surveillance and Informatics, Epidemiology Program Office, Centers for Disease Control and Prevention, Mail

Stop K-47, 4770 Buford Highway, N.E., Atlanta, Georgia 30341-3717; or call (770) 488-8370; or E-mail phitpepo@cdc.gov.

Public Health Prevention Service

The Public Health Prevention Service (PHPS) is a 3-year program committed to training through service; developing leadership at local, state, and national levels; building public health infrastructure; and promoting health through prevention. Trainees are assigned to positions that offer opportunities to apply science-based principles and models in the design, implementation, and evaluation of prevention programs. During the first year, they work two 6-month assignments at a CDC facility, each focusing in a different program area (e.g., immunization, injury prevention and control).

In the second and third years of the program, trainees are assigned to a state or local health department, where they use their technical expertise and skills to develop, implement, or evaluate public health projects and programs. PHPS graduates are highly competitive candidates for future employment with local, state, and federal public health agencies, as well as voluntary, community, and managed care organizations.

Eligibility and application information are available at <http://www.cdc.gov/epo/dapht/phps.htm>. For more information, write to PHPS Program, Epidemiology Program Office, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., Mail Stop D-18, Atlanta, Georgia

30333; or call (404) 639-4087; or E-mail phpsepo@cdc.gov.

Steven M. Teutsch Postdoctoral Fellowship in Prevention Effectiveness Methods

The Prevention Effectiveness (PE) Fellowship seeks to build capability within CDC to conduct prevention effectiveness studies, which use methods such as decision analysis, meta-analysis, and economic analyses to determine the effect of prevention programs on public health. The program is open to postdoctoral candidates with expertise in quantitative policy analysis who want to gain experience and training in assessing the effectiveness of prevention strategies.

Fellows take a lead role in designing and conducting studies, work closely with national and international experts in public health, provide technical assistance throughout CDC on specific projects or methods, and have the opportunity to teach CDC courses in PE methods. They receive additional education through seminars, training, and professional continuing education in public health and economics.

Eligibility and application information are available at <http://www.cdc.gov/epo/fellow.htm>. For more information, write to Training Coordinator, Prevention Effectiveness Branch, Division of Prevention Research and Analytic Methods, Centers for Disease Control and Prevention, 4770 Buford Highway, N.E., Mail Stop K-73, Atlanta, Georgia 30341-3717; or call (770) 488-8193.

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